

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

COVER PAGE

Date Stamp		CALIFORNIA FORM <b>460</b>	
<b>FILED</b>		Page <u>1</u> of <u>7</u>	
JAN 29 2010 06/01/2010		For Official Use Only	
CITY OF SANTA MARIA BY: <i>[Signature]</i> City Clerk			

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

<input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee	<input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="radio"/> State Candidate Election Committee	<input type="radio"/> Controlled
<input type="radio"/> Recall	<input type="radio"/> Sponsored
(Also Complete Part 5)	
<input type="checkbox"/> General Purpose Committee	<input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<input type="radio"/> Sponsored	(Also Complete Part 7)
<input type="radio"/> Small Contributor Committee	
<input type="radio"/> Political Party/Central Committee	

**2. Type of Statement:**

<input type="checkbox"/> Preelection Statement	<input type="checkbox"/> Quarterly Statement
<input checked="" type="checkbox"/> Semi-annual Statement	<input type="checkbox"/> Special Odd-Year Report
<input type="checkbox"/> Termination Statement	<input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495
(Also file a Form 410 Termination)	
<input type="checkbox"/> Amendment (Explain below)	

**3. Committee Information**

I.D. NUMBER

1227669

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Alice Patino for City Council

STREET ADDRESS (NO P.O. BOX)

2624 Airpark Drive

CITY

STATE

ZIP CODE AREA CODE/PHONE

Santa Maria, CA 93455

805-346-8407

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY

STATE

ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

Tom Martinez

MAILING ADDRESS

2624 Airpark Drive

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Santa Maria, CA 93455

805-346-8407

NAME OF ASSISTANT TREASURER, IF ANY

Trent Benedetti

MAILING ADDRESS

2151 S College Drive, Suite 101

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Santa Maria, CA 93455

805-922-4881

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/27/2010 Date 1/27/2010

By Trent Benedetti  
Signature of Treasurer or Assistant Treasurer

Executed on 1/28/10 Date 1/28/10

By Alice M. Patino  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_ Date \_\_\_\_\_

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_ Date \_\_\_\_\_

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA  
FORM  
460**

Page 2 of 7

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE Alice Patino	NAME OF BALLOT MEASURE
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) City Council Member City of Santa Maria	BALLOT NO. OR LETTER JURISDICTION
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP 2624 Airpark Drive Santa Maria, CA 93455	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME \_\_\_\_\_ I.D. NUMBER \_\_\_\_\_

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF BALLOT MEASURE
OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY	OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

**7. Primarily Formed Candidate/Officeholder Committee** List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement  
Summary Page**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

**SUMMARY PAGE**  
**CALIFORNIA  
FORM** **460**

**SEE INSTRUCTIONS ON REVERSE**

NAME OF FILER  
Alice Patino For City Council

**Contributions Received**

		<b>Column A</b> TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	<b>Column B</b> CALENDAR YEAR TOTAL TO DATE
1.	Monetary Contributions .....	Schedule A, Line 3 \$ 0.00	\$ 0.00
2.	Loans Received .....	Schedule B, Line 3 \$ 0.00	\$ 0.00
3.	SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2 \$ 0.00	\$ 0.00
4.	Nonmonetary Contributions .....	Schedule C, Line 3 \$ 0.00	\$ 0.00
5.	TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4 \$ 0.00	\$ 0.00

**Expenditures Made**

6.	Payments Made .....	Schedule E, Line 4 \$ 1,726.83	\$ 1,823.82
7.	Loans Made .....	Schedule H, Line 3 \$ 0.00	\$ 0.00
8.	SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7 \$ 1,726.83	\$ 1,823.82
9.	Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3 \$ 0.00	\$ 0.00
10.	Nonmonetary Adjustment .....	Schedule C, Line 3 \$ 0.00	\$ 0.00
11.	TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10 \$ 1,726.83	\$ 1,823.82

**Current Cash Statement**

12.	Beginning Cash Balance .....	Previous Summary Page, Line 16 \$ 2,586.31	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13.	Cash Receipts .....	Column A, Line 3 above \$ 0.00	Amounts in this section may be different from amounts reported in Column B.
14.	Miscellaneous Increases to Cash .....	Schedule I, Line 4 \$ 0.00	
15.	Cash Payments .....	Column A, Line 8 above \$ 859.48	
16.	ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 1,726.83	
	<i>If this is a termination statement, Line 16 must be zero.</i>		
17.	LOAN GUARANTEEES RECEIVED .....	Schedule B, Part 2 \$ 0.00	
18.	Cash Equivalents .....	See instructions on reverse \$ 0.00	
19.	Outstanding Debts .....	Add Line 2 + Line 9 in Column B above \$ 0.00	

**Cash Equivalents and Outstanding Debts**

FPPC Form 460 (January/05)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule D**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Alice Patino for City Council

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

<b>CALIFORNIA FORM 460</b>	
Statement covers period from <u>07/01/2009</u>	to <u>12/31/2009</u>
through <u>12/31/2009</u>	Page <u>4</u> of <u>7</u>
I.D. NUMBER <u>1227669</u>	

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)		PER ELECTION TO DATE (IF REQUIRED)
					1,000.00	1,000.00	
07/21/2009	Patino 5th District Supervisor 2010	<input checked="" type="checkbox"/> Monetary Contribution					
		<input type="checkbox"/> Nonmonetary Contribution					
		<input type="checkbox"/> Independent Expenditure					
		<input checked="" type="checkbox"/> Support	<input type="checkbox"/> Oppose				
		<input type="checkbox"/> Support	<input checked="" type="checkbox"/> Oppose				
		<input type="checkbox"/> Support	<input type="checkbox"/> Oppose				
		<input type="checkbox"/> Monetary Contribution					
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		<input type="checkbox"/> Independent Expenditure					

## Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

### SEE INSTRUCTIONS ON REVERSE

#### NAME OF FILER

Alice Patino for City Council

<b>SCHEDULE E</b>	
<b>CALIFORNIA FORM 460</b>	
Statement covers period from <u>07/01/2009</u>	through <u>12/31/2009</u>
I.D. NUMBER <u>1227669</u>	Page <u>5</u> of <u>7</u>

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications
CNS	campaign consultants	MTG	meetings and appearances
CTB	contribution (explain nonmonetary)*	OFC	office expenses
CVC	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LIT	campaign literature and mailings	PRT	print ads

NAME AND ADDRESS OF PAYEE (If committee, also enter I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Patino 5th District Supervisor 2010 (#1319543)	TSF			1,000.00
2624 Airpark Drive Santa Maria, CA 93455	LIT			511.43
VTC Enterprises				
2445 'A' Street Santa Maria, CA 93455	CNS		Administrative Help	143.00
Dawnstee Smith				
701 West Alvin Santa Maria, CA 93458				

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .....
2. Unitized payments made this period of under \$100 .....
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....

\$ 1,673.33  
\$ 53.50  
\$ 0.00  
**TOTAL** \$ 1,726.83

**Schedule E  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 18.90**

FPPC Form 460 (January/05)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/255-3772)

